

YOUR APPLICATION FOR MEDICAID IS PENDING FOR A DEDUCTIBLE

Date _____

Name _____

Address _____

**Your application for Medicaid
cannot be completed until you
meet your Medicaid deductible.
Please read all of this form
carefully.**

Dear _____:

Case Number _____

District _____

Your application for Medicaid cannot be completed because your income is too high. Before we can approve your application, you must meet a Medicaid deductible. Send in your medical bills as you get them. You can use the pre-addressed envelope that is included with this letter. Once your bills are equal to your deductible we will approve your Medicaid.

You will be responsible for paying the medical bills used to meet your deductible. Medicaid will begin the day your bills equal the deductible amount. You will be responsible for medical bills equal to the deductible amount.

☐ The amount of your deductible for the months of _____ through _____ is \$ _____.

☐ The amount of your deductible has changed because _____.

The new amount of your deductible for the months of _____ through _____ is \$ _____.

☐ You sent in some bills to meet your deductible. We used \$ _____ of those bills toward your deductible. The balance of your deductible is now \$ _____.

What can you use to meet your Medicaid deductible?

- **Do you have current medical bills, paid or unpaid, for the months of _____ through _____?**

If you have medical bills that you have paid or that you still owe from these months, send the bills to your caseworker. We can use these bills, paid or unpaid, to help meet your deductible.

- **Do you still owe money on old medical bills for visits you made or services you received from _____ through _____?**

If you have medical bills that you still owe, send the bills in to your caseworker. We can use unpaid bills from the last two years or older bills on which you are currently making payments, to help meet your deductible.

HEARING RIGHTS: You have the right to a hearing if you disagree with the amount of your deductible. Call your worker at the number below within 60 days to ask for a hearing. The 60th day is _____. If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. **Free legal advice** may be available. Contact your nearest Legal Services office or call **1-877-694-2464**.

Caseworker _____

Phone _____

Address _____

Please continue reading for important information about your deductible and your hearing rights.

DMA-5099

Issued 10/01/02

How can you meet your deductible?

You can use only medical bills that are your responsibility to pay. You cannot use bills that someone else pays for you or that insurance pays. If insurance pays only part of the bill and you have to pay the rest, you can use the part you have to pay to help meet your deductible.

Take your bills or receipts to your caseworker. If you don't have the bill or receipt, you can send a statement from the medical provider or send the medical provider's name, address and phone number. Ask your caseworker about any medical expenses not listed here.

The following medical expenses can be used to meet your Medicaid deductible:

- Hospital charges
- Clinic and laboratory charges
- Charges for doctors, dentists and therapy
- Prescription drugs
- Over-the-counter medicines and medical supplies from the drug store like aspirin, cold medicines, gauze, bandages, needles, and absorbent pads for the incontinent. If you want to use these to help meet your deductible you must have a receipt that clearly shows the item purchased, the date and the cost. If your cash register receipt does not have this information, ask for a written receipt.
- Other medical expenses like medically related transportation, eyeglasses, dentures, hearing aids, walkers, wheelchairs, crutches, braces and other medical equipment and dietary supplements if your doctor prescribes it.
- Premiums you pay for private health insurance.



Call your worker if you have questions or a change in situation.

You can ask for a hearing.

If you think we're wrong or you have new information you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for the delay). This hearing is a meeting to review your case and give you the correct benefits if the decision we made was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker within 15 days to ask for a second hearing. The second hearing is before a state hearing official.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or attorney obtained at your expense.

Free legal services may be available in your community. Contact your caseworker for information, or call the CARE-LINE, Information

and Referral Service, toll free at 1-800-662-7030. If you live in the Raleigh area, call 919-733-4261. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. Their hours of operation are 8 am to 5 pm, Monday through Friday.

Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. If needed free copies of this case information will be provided. You may see this information again at your hearing.

Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

Don't forget to report all changes to your county department of social services within 10 calendar days (5 calendar days for Special Assistance). If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you may be guilty of a misdemeanor or felony.

